

**Electronic Debit Service is only available to continuously enrolled self-pay PEBB subscribers.
If you are making your first payment, you need to pay by check or money order.**

Electronic Debit Service Agreement

Washington State
Health Care Authority
Public Employees Benefits Board

The Health Care Authority (HCA) is pleased to offer electronic debit service (EDS) to subscribers of PEBB health benefits who self-pay their monthly premium. With EDS, you can have your monthly premium taken from your checking or savings account. To get started, please fill out the information below.

New EDS account? ☐ Yes ☐ No

Bank account change? ☐ Yes ☐ No

Subscriber's Information

Subscriber's name (please print)

Subscriber's social security number (If you are the spouse/qualified domestic partner of a deceased PEBB retiree, provide his/her social security number here.)

Bank Account Information

Account holder's name (if different from above; please print)

Name of financial institution

Branch address

City

State

ZIP Code

Bank routing number

☐ Checking

☐ Savings

Account number

I hereby authorize the HCA to start withdrawals to the account identified above. This authorization is for monthly insurance premiums only. I understand it remains in effect until I give written notice to the HCA, which I must do at least 15 business days before my next monthly withdrawal. If I want to change the checking or savings account that HCA withdraws from, I will submit a new EDS agreement form at least 15 business days before the next withdrawal.

Withdrawals will occur on the 15th day of each month that I have insurance coverage and will be in the amount of the invoiced premium. If the 15th falls on a Saturday, the withdrawal will occur on the Friday before the 15th. If the 15th falls on a Sunday, the withdrawal will occur on the Monday that follows. The HCA will notify me of payments returned for insufficient funds or closed accounts, and provide payment instructions.

Signature **(Must be signed by account holder to authorize debit)**

Date

To complete your authorization process:

- ☐ Make sure you have filled out the entire form, including your signature above.
- ☐ Enclose a **voided check** or a **deposit slip**, and send to:

Washington State Health Care Authority
Attn: Accounting
P.O. Box 42691
Olympia, WA 98504-2691

Remember!

You must continue to pay your premium invoices until you receive a letter from the HCA with your EDS start date. EDS approval takes six to eight weeks.

You must submit a new EDS agreement form to HCA when your bank account information changes.

If you have questions or would like more information, call the HCA Accounting Office at 1-800-200-1004.